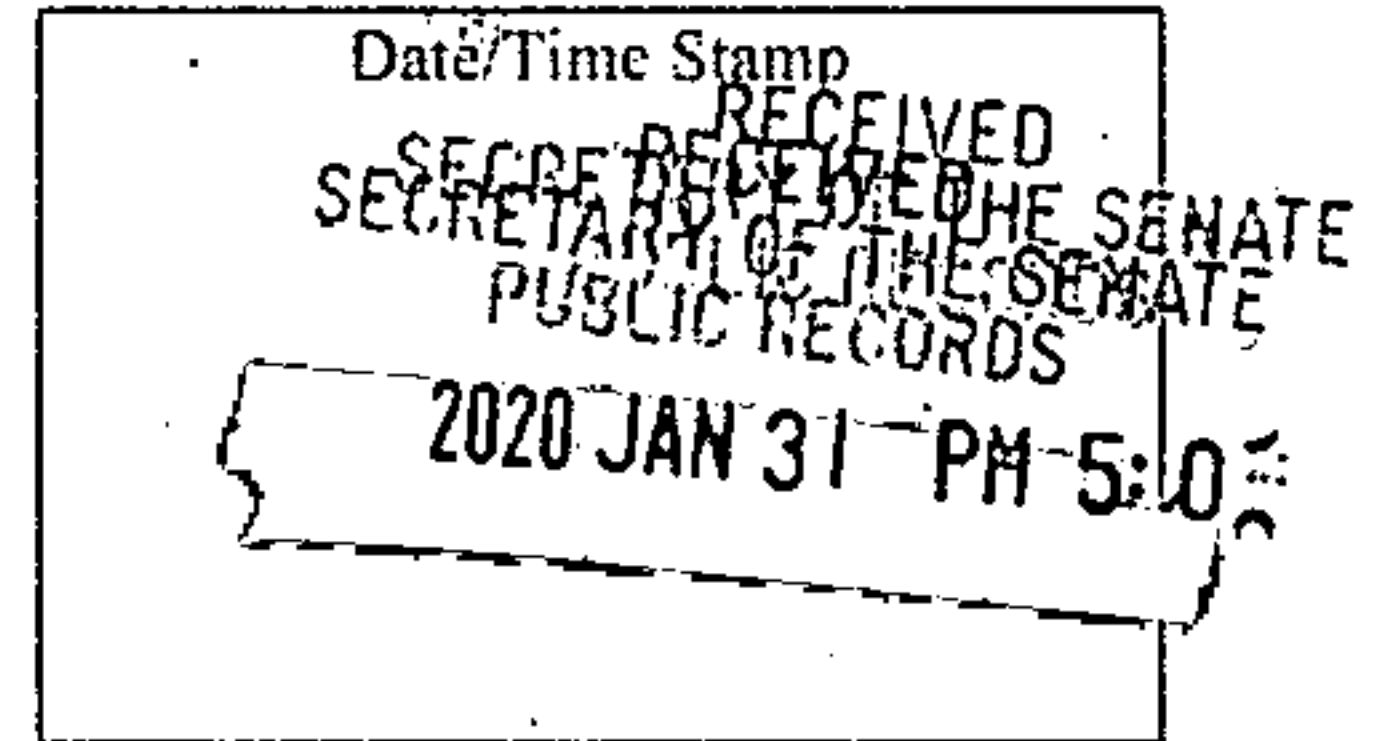


COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION



Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the **Office of Public Records** in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. **Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.**

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: JONATHAN STAHLER

Employing Office/Committee: SENATOR CHRIS COONS

Travel Expenses Paid by (List all sources): PEW CHARITABLE TRUSTS

Travel Date(s): 9/13/19 - 9/15/19

Description/Title of Attached Forms: CORRECTED RE-2, SUBMITTED RE-1

Purpose of Amendment (describe the reason for amending original submission): _____

The Form RE-2 I submitted was incomplete. There were two checkboxes at the top of the page that required my acknowledgment.

I did not submit the required copy of the final Form RE-1.

1/31/2020
(Date)

[Signature]
(Signature of Traveler)

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

Post-Travel Filing Instructions: Complete this form within **30 days** of returning from travel. Submit all forms to the **Office of Public Records in 232 Hart Building**.

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☒ The original *Employee Pre-Travel Authorization* (Form RE-1), **AND**
- ☒ A copy of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): PEW CHARITABLE TRUSTS

Travel date(s): 9/13/19 - 9/15/19

Name of accompanying family member (if any): _____

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING **DID NOT INCREASE** DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate	\$60	\$268	\$132	N/A
<input checked="" type="checkbox"/> Actual Amount				

Expenses for Accompanying Spouse or Dependent Child (if applicable):

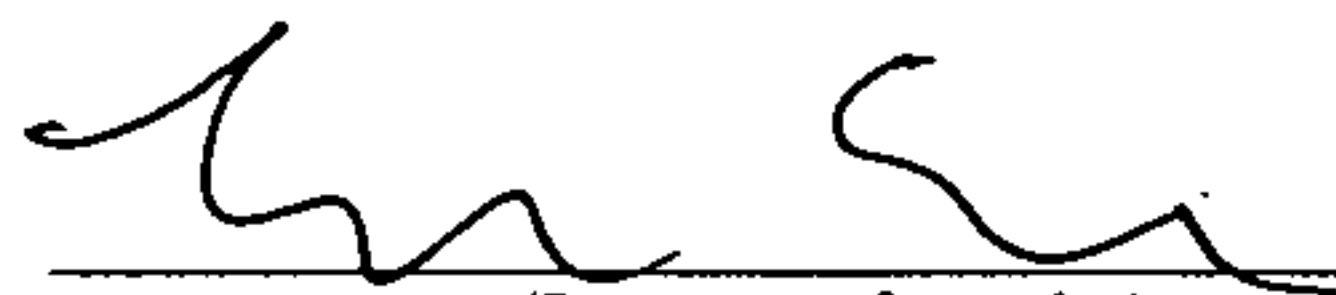
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate				
<input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.):

Meeting descriptions in attached document.

11/31/20
(Date)

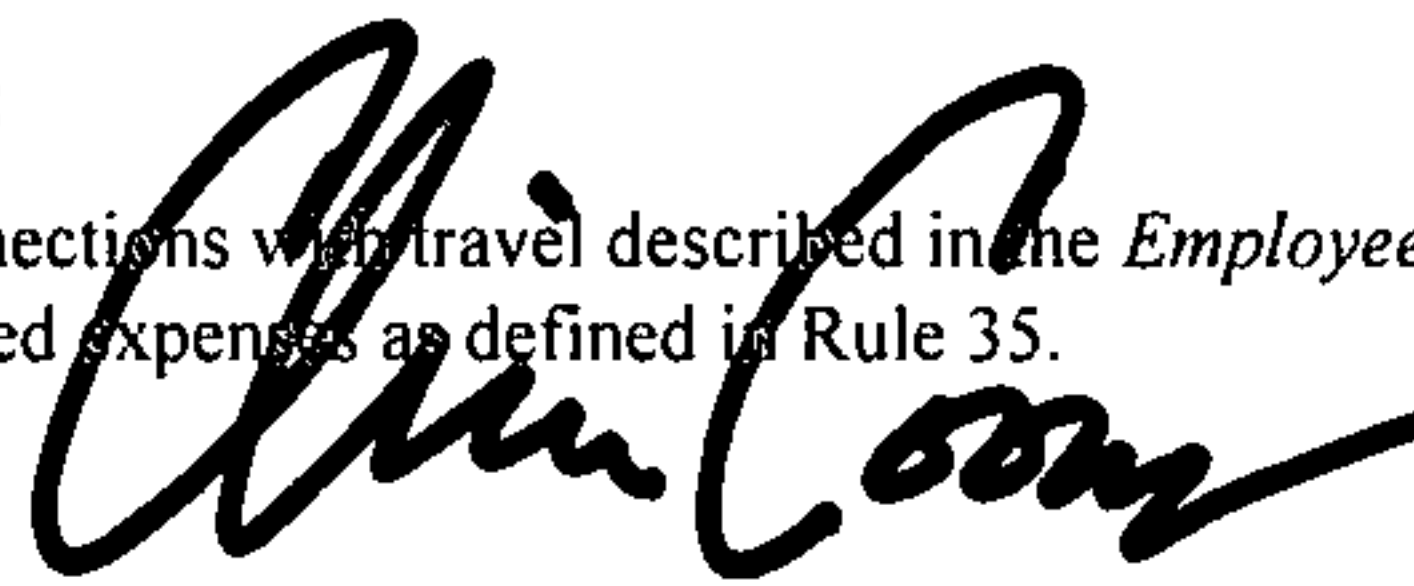
Jonathan Steller
(Printed name of traveler)


(Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

11/31/20
(Date)


(Signature of Supervising Senator/Officer)

EMPLOYEE PRE-TRAVEL AUTHORIZATION

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the **Select Committee on Ethics in SH-220**. Incomplete and late travel submissions will not be considered or approved. This form must be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

ETHIC SEP 6'19AM11:58

Name of Traveler: JONATHAN STAHLER

Employing Office/Committee: SENATOR CHRIS COONS

Private Sponsor(s) (list all): PEW CHARITABLE TRUSTS

Travel date(s): 9/13/19 - 9/15/19

Note: If you plan to extend the trip for any reason you must notify the Committee.

Destination(s): ANNAPOLIS, MD

Explain how this trip is specifically connected to the traveler's official or representational duties:

The conference provides a forum for Senate Chiefs of Staff to hear from experts about policy and governance and focuses on ways to improve the functionality of the Senate.

Name of accompanying family member (if any): N/A

Relationship to Employee: ☐ Spouse ☐ Child

I certify that the information contained in this form is true, complete and correct to the best of my knowledge:

9/4/19
(Date)

[Signature]
(Signature of Employee)

TO BE COMPLETED BY SUPERVISING SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, Secretary for the Majority, Secretary for the Minority, and Chaplain):

I, SENATOR CHRIS COONS hereby authorize JONATHAN STAHLER
(Print Senator's/Officer's Name) (Print Traveler's Name)

an employee under my direct supervision, to accept payment or reimbursement for necessary transportation, lodging, and related expenses for travel to the event described above. I have determined that this travel is in connection with his or her duties as a Senate employee or an officeholder, and will not create the appearance that he or she is using public office for private gain.

I have also determined that the attendance of the employee's spouse or child is appropriate to assist in the representation of the Senate. (signify "yes" by checking box) ☐

9/4/19
(Date)

[Signature]
(Signature of Supervising Senator/Officer)